

Clearview Village, Inc.
For
Clearview City
Application for Occupancy

Floor plans interested in: _____ **Today's Date:** _____
Date you want to move-in: _____

FAILURE TO COMPLETE ALL SECTIONS AND SIGN WILL RESULT IN DELAY.

NAME: _____ SS# _____

DL# _____ ST: _____ DOB: _____

Roommate/ Spouse: _____ SS# _____

DL# _____ ST: _____ DOB: _____

** Please provide or attach a copy of a photo I.D. for verification and identification.

CHILDREN/OTHER OCCUPANTS:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

HOME PHONE: _____ **WORK:** _____ **CELL:** _____

OF OCCUPANTS _____

PETS?: Yes/No Description of pet: _____ LBS _____

Pet License Number: _____

Date of Pets Last shots: _____

Veterinarians Name and Phone Number: _____

MARITAL STATUS: Married/Single/Widowed/Divorced

MAIDEN NAME: _____

ARE YOU A US CITIZEN? YES: _____

NO: _____

IF NO, WHICH COUNTRY ARE YOU A CITIZEN OF? _____

IN CASE OF EMERGENCY PLEASE NOTIFY: _____ **PHONE:** _____

HOW DID YOU HEAR ABOUT US? _____

RESIDENTIAL HISTORY: (Minimum 3 years)

1. **PRESENT LANDLORD/COMPLEX NAME:** _____ **COUNTY:** _____
ADDRESS: _____ **APT#:** _____
CITY, ST, ZIP: _____
DATES: From: _____ To: _____ **Phone #:** _____
RENT AMOUNT: _____

2. **PREVIOUS LANDLORD/COMPLEX NAME:** _____ **COUNTY:** _____
ADDRESS: _____ **APT#:** _____
CITY, ST, ZIP: _____
DATES: From: _____ To: _____ **Phone #:** _____
RENT AMOUNT: _____

EMPLOYMENT/ OTHER INCOME/FINANCIAL

EMPLOYEE NAME: _____ NAME OF EMPLOYER: _____
POSITION: _____ DATES: From: _____ To: _____
ADDRESS: _____ PHONE #: _____
INCOME: _____ EVERY: Month/Week/Bi-Week/Other: _____

EMPLOYEE NAME: _____ NAME OF EMPLOYER: _____
POSITION: _____ DATES: From: _____ To: _____
ADDRESS: _____ PHONE #: _____
INCOME: _____ EVERY: Month/Week/Bi-Week/Other: _____

OTHER INCOME: (VERIFICATION WILL BE REQUESTED)

PLEASE LIST ANY SSI, PENSION, DISABILITY, STUDENT GRANTS, ECT.

NAME: _____ AMOUNT: _____ TYPE OF INCOME: _____
NAME: _____ AMOUNT: _____ TYPE OF INCOME: _____

****Please submit copies of your last (2) paystubs for employment and income verification.**

Personal References: Name, Address, Phone Number and Relation (3 REQUIRED)

Banking Information:

Checking Account: Financial Institution: _____
Branch _____ Account Number _____

Savings Account: Financial Institution: _____
Branch _____ Account Number _____

GENERAL QUESTIONNAIRE-ANSWER ALL QUESTIONS

- 1. Have you ever been evicted? _____ If yes, please explain: _____
- 2. Have you ever been convicted of a crime? _____ If yes, please explain: _____
- 3. Have you filed bankruptcy? _____ If yes, When? _____
- 4. Do you owe alimony? _____ If yes, what amount? _____ Are you past due? _____
- 5. Do you owe any child support? _____ If yes, what amount? _____ Are you past due? _____
- 6. Number of cars:
 - a) Make: _____ Model: _____ Year: _____ Color: _____ Tag: _____
 - b) Make: _____ Model: _____ Year: _____ Color: _____ Tag: _____
 - c) Make: _____ Model: _____ Year: _____ Color: _____ Tag: _____

STATEMENTS FALSE OR INCOMPLETE INFORMATION WILL BE GROUNDS FOR DENIAL OF THIS APPLICATION.

THIS APPLICATION MUST BE SIGNED BY ALL ADULTS WHO WILL OCCUPY THE APARTMENT BEFORE IT CAN BE CONSIDERED BY LANDLORD. ACCEPTANCE OF THIS APPLICATION, AND ANY MONIES DEPOSITED HERE WITH THIS APPLICATION WILL BE HELD AS A RESERVATION DEPOSIT TO BE EITHER RETURNED TO APPLICANT OR CREDITED TWARD ANY DEPOSIT WHICH MAY BE REQUIRED OF APPLICANT. **NON-REFUNDABLE APPLICATION FEE: \$ 0.00**

I HEREBY GRANT THE PROPERTY OF CLEARVIEW CITY, THE RIGHT TO PROCESS THIS APPLICATION FOR THE PURPOSE OF OBTAINING A RENTAL/LEASE AGREEMENT WITH THIS PROPERTY. ADDITIONALLY, I AUTHORISE ALL CORPORATIONS, COMPANIES AND LAW ENFORCEMENT AGENCIES, ACADEMIC INSTITUTIONS, AND CURRENT FORMER EMPLOYERS TO RELEASE INFORMATION THEY MAY HAVE ABOUT ME AND RELEASE THEM FROM ANY LIABILITY AND RESPONSIBILITY FROM DOING SO. A PHOTOGRAPHIC OR FAXED COPY OF THIS AUTHORIZATION SHALL BE VALAD AS ORIGINAL.

X _____

X _____

X _____

X _____